

NORTHEASTERN CONNECTICUT HEALTHCARE CREDIT UNION, INC.
320 POMFRET ST. PUTNAM, CT 06260 (860) 928-2347

APPLICATION FOR MEMBERSHIP

**A MINIMUM DEPOSIT OF \$ 25.00 IS REQUIRED TO OPEN YOUR ACCOUNT BY EITHER A CASH/CHECK DEPOSIT OR YOUR FIRST PAYROLL DEDUCTION.
BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE ACCESS TO CREDIT RECORDS AND RELATED INFORMATION FOR ALL APPLICANTS IN ORDER TO VERIFY YOUR IDENTITY.**

ACCOUNT NUMBER - SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____

ANY PREVIOUS SURNAMES: _____ (MAIDEN NAME, NAME CHANGES)

ADDRESS: _____

_____ **DATE OF BIRTH:** ____/____/____

EMPLOYER: _____

DEPT & OCCUPATION: _____

HOME: _____ **CELL:** _____ **WORK:** _____ **EXT (_____)**

MOTHER'S MAIDEN NAME : _____

E-MAIL ADDRESS: _____

IF THIS IS TO BE A JOINT ACCOUNT :

JOINT OWNER'S NAME: _____ **S.S. #:** _____ - _____ - _____

ANY PREVIOUS SURNAMES: _____ (MAIDEN NAME, NAME CHANGES)

ADDRESS: _____ **RELATIONSHIP:** _____

_____ **EMPLOYER:** _____

DATE OF BIRTH: ____/____/____ **PHONE NUMBER:** _____

E-MAIL ADDRESS: _____

MOTHER'S MAIDEN NAME : _____

EACH OWNER MUST SIGN THE SIGNATURE CARD UNDER "JOINT SHARE ACCOUNT AGREEMENT "

FOR CREDIT UNION USE: _____ **COPY OF LICENSE** _____ **SSN , ADDRESS & OFAC CHECK**

____ **SIGNED SIGNATURE CARD** _____ **SIGNED PAYROLL AUTH** _____ **CARD TYPED**

____ **ENTERED IN COMPUTER** _____ **LIST ON NEW A/C LIST** _____ **LIST ON P/R DEDUCTION LIST**

Date: _____ **STAFF** _____